

22713 U.S. PTO  
041504

# UTILITY APPLICATION

Attorney Docket No.: **OPTIS.085A**  
First Named Inventor: James R. Braig  
Title: **SYSTEM AND METHOD FOR MANAGING A  
CHRONIC MEDICAL CONDITION**  
Express Mail Label No.: **EV 309081676 US**

**Direct all correspondence to Customer No.: 20995**

Date: April 15, 2004

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## Mail Stop Patent Application

United States Patent and Trademark Office  
PO Box 1450  
Alexandria, VA 22313-1450

16834 U.S. PTO  
10/826004  
041504

The following enclosures are transmitted herewith to be filed in the patent application of:

### Inventors:

- |                   |                        |
|-------------------|------------------------|
| 1. James R. Braig | 2. Peter Rule          |
| 3. Mike A. Munrow | 4. Philip C. Hartstein |

## APPLICATION ELEMENTS:

- (X) Specification in 37 pages.
- (X) Drawings in 7 sheets.
- (X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Reference to prior domestic applications is made in the:

- (X) Reference to prior domestic applications is made in the specification.

## CONTINUITY INFORMATION:

Application	Relationship	Parent App. No.	Filing Date	Status
This Application	Non-Provisional of	60/463,517	04/15/03	Pending
This Application	Non-Provisional of	60/508,425	10/03/03	Pending

## OTHER APPLICATION PARTS:

- (X) Return prepaid postcard.

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CHRONIC MEDICAL CONDITION**Express Mail Label No.: **EV 309081676 US****Direct all correspondence to Customer No.: 20995**

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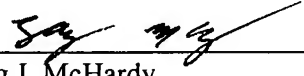
**FILING FEES:**

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Basic Utility		2001 (\$385)		\$385
Non-English Spec.		1053 (\$130)		\$0
Recordation Fee		8021 (\$40)		\$0
Excess Claims > 20	54 - 20 = 34	2202 (\$9)	34 x 9 =	\$306
Independent > 3	6 - 3 = 3	2201 (\$43)	3 x 43 =	\$129
Multiple Claim		2203 (\$145)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$820</b>

(X) A check in the amount of **\$820** to cover the Total Fee Due is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

  
\_\_\_\_\_  
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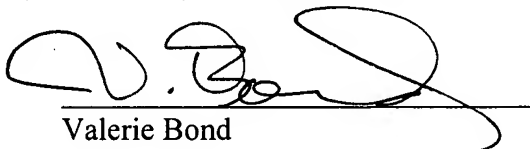
## **CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

**Attorney Docket No.** : OPTIS.085A  
**Applicant(s)** : Braig et al.  
**For** : SYSTEM AND METHOD FOR MANAGING  
A CHRONIC MEDICAL CONDITION  
**Agent** : Lang J. McHardy  
**"Express Mail"**  
**Mailing Label No.** : EV 309081676 US  
**Date of Deposit** : April 15, 2004

I hereby certify that the accompanying

Transmittal letter; specification in 37 pages; 7 sheets of drawings; Check for  
Filing Fee; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Valerie Bond

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041404

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